RUSH

Rush-Presbyterian-St. Luke's Medical Center
2000 Annual Report

It looks like a drop of water.
But it may contain the newest weapon in the fight against Parkinson's disease.

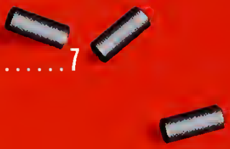
One of the ways Rush is working wonders...

see page 10

Rush 2000 Annual Report

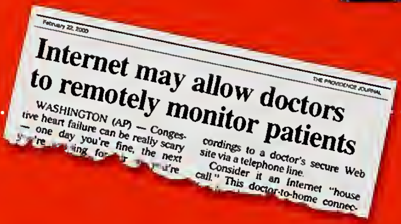
A Message from the Chairman and the President 2

Keeping in Step 4



Angioplasty Gets a New Ally 7

Stopping Parkinson's in Its Tracks 10



February 22, 2000

THE PROVIDENCE JOURNAL

Internet may allow doctors to remotely monitor patients

WASHINGTON (AP) — Congestive heart failure can be really scary — one day you're fine, the next you're [illegible]ing fo[illegible] you're

cordings to a doctor's secure Web site via a telephone line.

Consider it an Internet "house call." This doctor-to-home connec-

Rush in the News 12

Working Wonders: The Year in Review .... Center Insert

About Face 13

A Day in the Life of a Rush Medical Student 16

Rush in the News, Part II 20

Vital Statistics 21

Financial Report 22

Rush Governance 24

The droplet on the cover represents a breakthrough in research on Parkinson's disease. The solution contains millions of viruses engineered to deliver a gene product called GDNF to brain cells that produce the neurotransmitter dopamine. By injecting the solution in monkeys, researchers in the laboratory of Jeffrey Kordower, PhD, found that they could halt progression of the disease and even reverse its effects.

The year 2000 was one of unprecedented challenges—and extraordinary accomplishments.

The year brought more than its share of achievements in patient care. Our orthopedic surgery program garnered attention for advanced applications of minimally invasive techniques, for the use of cutting-edge technology for regenerating and transplanting cartilage, and for clinical research exploring the best treatment for lower-back pain. Rush cardiologists were first in Chicago to test a radiation therapy that extends the benefits of angioplasty for thousands of patients treated for blocked arteries. In our neuroscience program, nationally renowned researchers recently joined Rush's top-notch neurosurgery and neuroscience staff to form one of the country's leading spinal cord injury research teams. In the Rush Cancer Institute, physicians are expanding the uses of bone marrow transplant, exploring less invasive methods for removing cancerous breast tumors and testing treatments designed to foil the disease by robbing cancer cells of their ability to grow.

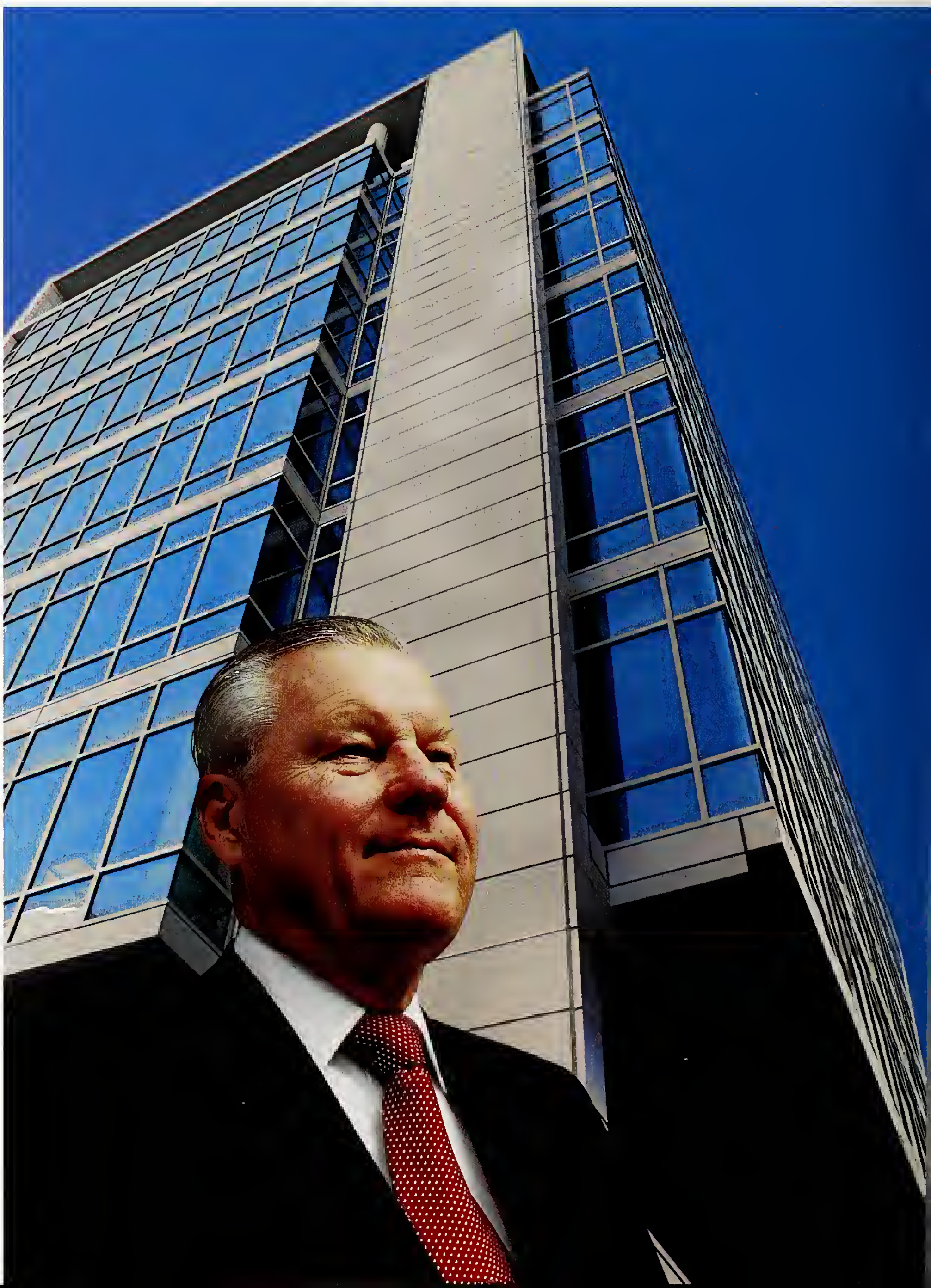
This is a short list of highlights from Rush's outstanding clinical programs, many of which offer treatments available nowhere else.

At the same time, our research program is thriving. The Medical Center's research effort now brings in more than $60 million each year in external awards—an increase of $40 million over the last decade alone.

But more impressive than the dollar amounts are the results.

A prime example of research success is the work of Rush scientist Jeffrey Kordower, PhD, whose research on Parkinson's disease has made national and international headlines. In animal studies, Dr. Kordower and his colleagues have been able to reverse cellular changes in the brain—and to halt the progression of disease—by injecting a virus to deliver a gene product that strengthens and protects brain cells. These startling results were published in a recent issue of the journal *Science*.

The crowning achievement of the year in research was the May 22 dedication of the Robert H. and Terri Cohn Research Building. The building



Board chairman Edward A. Brennan stands in front of the Robert H. and Terri Cohn Research Building on the Rush campus. The building will provide a state-of-the-art setting for research into the genetic and molecular bases for disease.

will provide a setting for innovative medical investigations that will take the battle directly to where so many diseases originate: in our genes.

Yet, as we look back at the past year, we must also acknowledge that Rush faces great challenges. We face the same pressures, though more intensely, that we have faced over the last several years: cutbacks in payments from Medicare and decreased payments from managed care. The hospital remains profitable, but there is no longer enough excess to subsidize our critical, but less profitable, education and research components.

Several years ago, we began a process of reengineering hospital operations to improve the way we do things without sacrificing quality or patient satisfaction—and this endeavor has been successful. A similar review of the research and education enterprises is now under way. These efforts are taking place alongside expanding programs that increase revenues for patient care activities that are already achieving success.

The challenges that lie ahead are significant. We must develop a strategy to address the complex factors—from the amount of time patients spend in the hospital to the mix of insurers who cover their care—that affect financial performance. We must build on the synergistic relationship that has long existed between our research and patient care programs. And we must work to make our education programs self-sustaining while upholding the Rush University tradition of quality and innovation.

Rush president and CEO Leo M. Henikoff, MD, visits a busy nursing station.

As we address the realities of today's competitive health care market, we must never forget our primary mission: to serve our patients—with the finest clinical care, with continuing advances in research and education, and with the caring and compassion for which this institution has been known for more than a century. The resources that Rush brings to the community are treasures; it is our honor and privilege to preserve and enhance them.

Ed Brennan

Edward A. Brennan
Chairman,
Board of Trustees

Leo M Henikoff MD

Leo M. Henikoff, MD
President and Chief
Executive Officer

Keeping in Step

Orthopedic surgeons at Rush have taken the lead in testing biological methods for repairing early damage to knee cartilage, as well as honing time-honored techniques for repairing damaged joints. The net result is increased options for patients of all ages with knee pain.

Kevin Hoffman walked into the office of orthopedic surgeon Brian Cole, MD, with a right knee that couldn't be fixed. He walked out with a second chance at an active, healthy lifestyle. Hoffman, 40, had been a lover of contact sports—primarily basketball and football—since high school. "I played often and I played hard," says the North Shore insurance executive. It seemed to have caught up with him three years ago. That's when his previous surgeon—who had performed several surgeries on Hoffman's beaten up right knee—threw up his hands. "He said, 'I can't fix this,'" Hoffman recounts.

The end of the line?

Hoffman's condition was somewhat complicated due to the type and location of his cartilage damage. There are two types of cartilage in the knee: articular cartilage, which protects the ends of bones, and meniscal cartilage, in the form of two crescent-shaped pillows of cartilage that act as a stabilizing platform for the joint. Over the years, Hoffman had sustained damage to both forms of cartilage in his right knee. He had undergone standard treatment for his injuries, arthroscopic meniscectomy and debridement of articular cartilage. In English: He had a series of surgeries to cut away damaged tissue in his knee, including one surgery to remove a damaged meniscus. Ultimately, there was no tissue left to cut away.

"My outlook was bleak," Hoffman says. Sidelined from the sports he loved, he also found that his daily activities were becoming chores. With a strong family history of heart disease—his father died of a heart attack and his mother recently underwent bypass surgery—Hoffman feared the long-term effects of an inactive lifestyle. "I need to make sure that I stay as active and healthy as I can," he says.

A new technique

Looking for another option, Hoffman found his way to Cole and the Rush Cartilage Restoration Center, a program of the Rush Arthritis and Orthopedics Institute. The center focuses on treating cartilage injuries in young and active patients using the latest techniques, most of them available only within the past five years. "These patients have cartilage defects that, if unchecked, would lead to advanced arthritis and, in many cases, knee replacement," says Cole, who directs the center. "In the past, we would have had to tell them to wait, watch and deal with their pain symptomatically. These new techniques make it possible for us to regenerate and transplant cartilage before more advanced degeneration occurs."

The Knee Joint

The knee joint is made up of two bones, ligaments and two different types of cartilage.

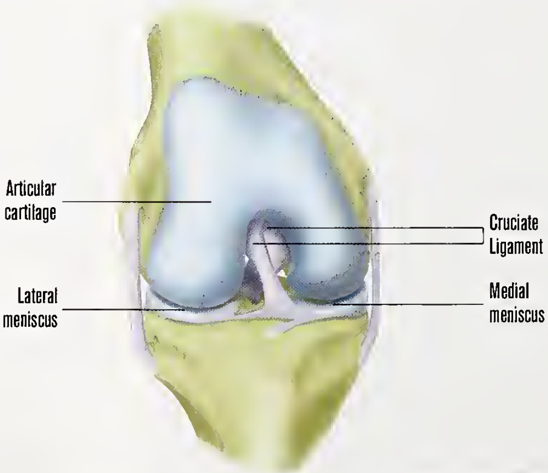


Illustration by Kristen Wienandt

As luck would have it, Hoffman was eligible for an innovative technique called autologous chondrocyte implantation that had received FDA approval only months earlier. In this procedure, surgeons harvest cartilage tissue from the patient's own knee. The tissue is sent to a cell-culturing facility, where it is used to grow millions of new cartilage cells. The surgeon then implants the new cells in the damaged part of the knee, where the cells continue to multiply and integrate with surrounding cartilage. Cole also reconstructed Hoffman's damaged meniscus, using tissue from a donor.

In spring 2000, Cole launched a study comparing the effectiveness of autologous chondrocyte implantation to standard treatments for knee repair. "This study will help surgeons determine the treatment option that offers the most durable repair," Cole says. This is one of many studies under way at the center seeking the best methods for cartilage repair—and seeking to find which methods work best for which patients.

For his part, Hoffman already has reason to call the new procedure a success. "The surgery basically gave me a new lease on life," he says. Today, Hoffman—who is looking forward to becoming a first-time father in May of 2001—enjoys biking and walking, and even an occasional light jog on the treadmill. "I can also downhill ski, which I love," he says. "But it's not as if I got a new knee," he says. "I've had to make some lifestyle changes. For instance, football and basketball are things I choose not to do. I know my limits and don't push myself beyond them."

2 million—the number of Americans who sustain knee injuries each year.

“The surgery basically gave me a new lease on life,” says Kevin Hoffman, who had been sidelined by knee pain before undergoing surgery at Rush to repair cartilage damage in his right knee. Under the care of surgeon Brian Cole, MD, Hoffman was able to take advantage of advanced techniques in cartilage repair not available as recently as five years ago. These include cultivation and transplantation of his own cartilage cells as well as a newly developed technique for transplanting donated cartilage tissue. Today, Hoffman enjoys biking and walking, and can even take an occasional light jog on the treadmill. “I can also downhill ski, which I love,” he says. “I’ve had to make some lifestyle changes—for instance, football and basketball are things I choose not to do. I know my limits and don’t push myself beyond them.” Hoffman expects to have his limits tested this spring, when he will become a first-time father.

Andrew Campbell

1 out of 4—the number of people in the United States who suffer from a musculoskeletal disorder such as arthritis, according to the American Academy of Orthopaedic Surgeons.

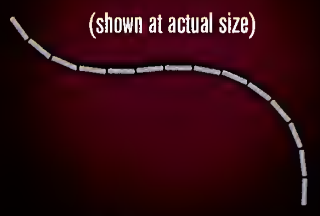
After a lively game of soccer with her grandchildren, 61-year-old Barbara Wax was sidelined by a serious knee injury that made just standing difficult and painful. Because she had damaged only one side of her knee, she was eligible for a unicompartmental knee replacement, rather than a more complicated total knee replacement. And because she found her way to Rush surgeon Mitchell Sheinkop, MD, (right) she was able to take advantage of improvements to the procedure that Sheinkop had introduced in the United States only months before. The new method makes use of precision instrumentation to do the operation with a smaller incision. As a result, patients spend less time in the hospital and get back on their feet quicker. As for Wax, her soccer career is kaput, but she can now withstand long waits in lines at the supermarket and comfortably navigate her kitchen, where she spends countless hours baking for her family.

Andrew Campbell

After nine years and a string of failed treatments, Elizabeth Battistoni had given up hope of ever finding relief from her crippling angina symptoms. But since being treated with the Beta-Cath system at Rush in 1998, she is back on her feet and enjoying an active lifestyle once again.

ANGIOPLASTY GETS A NEW ALLY

(shown at actual size)



The following pages describe how these tiny, radioactive seeds changed Battistoni's life and the lives of many heart patients.

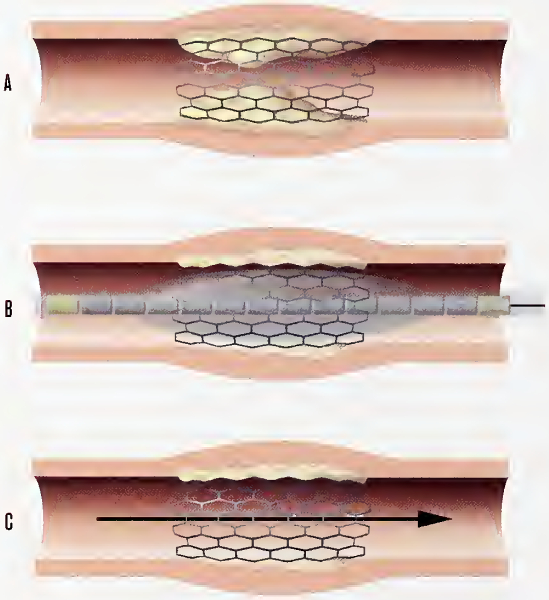
On November 3, 2000, the U.S. Food and Drug Administration approved the Beta-Cath system, which extends the benefits of angioplasty and stenting for thousands of patients treated for blocked arteries. Beta-Cath uses small doses of radiation to help prevent arteries from renarrowing after angioplasty and stenting—potentially eliminating one of the major drawbacks of this lifesaving procedure.

Rush, an international leader in testing Beta-Cath, participated in three clinical trials to evaluate the effectiveness and safety of the system. One of these trials yielded such overwhelmingly positive results that it paved the way for the recent FDA approval.

Making angioplasty more effective

Balloon angioplasty is a faster, less invasive alternative to coronary bypass surgery. In the 24 years since its introduction, it has become one of the most common procedures in medicine, with nearly 750,000 performed each year in the United States alone.

But the positive effects of angioplasty are not always long lasting. Often restenosis, or re-narrowing, of the artery occurs when excessive scar tissue forms on the artery walls, blocking blood flow. Thirty-five to 50 percent of all arteries treated with balloon angioplasty re-narrow, usually within six months of the procedure. When they do, another angioplasty is generally needed.



Illustrations by Kristen Wienandt

When excessive scar tissue forms on the wall of a stented artery, the artery can re-narrow, restricting blood flow (A) and causing angina. The Beta-Cath system involves placing a catheter filled with tiny radioactive seeds into the artery for several minutes after an angioplasty (B). In the majority of cases, the low dose of radiation keeps scar tissue from re-forming, and the artery remains clear (C).

"Restenosis is *not* caused by fatty foods or lack of exercise. That's a common misconception. People will ask me, 'What did I do wrong?' and the answer is nothing," says Rush cardiologist Gary L. Schaer, MD. "Some people are simply more prone to producing scar tissue."

"I feel like I'm 25 again," says heart patient Elizabeth Battistoni, shown here relaxing in her Oak Brook home. "I can do everything."

Countless attempts have been made to foil restenosis. Until recently, however, the only thing that has been at all effective is a stent, a stainless-steel mesh tube that acts as a scaffold to keep the artery from recoiling. Stents reduce the risk of restenosis by 40 percent over angioplasty alone.

But by spurring the growth of additional scar tissue, stents have created a new problem for some patients called *in-stent restenosis*, a stubborn form of the problem. Usually, the artery is opened wide enough during angioplasty to accommodate the extra scar tissue created by the stent. But when a stent is placed in a person who is prone to scarring, scar tissue often grows to the point that it restricts blood flow.

"The initial risk of in-stent restenosis is only 20 percent," Schaer says. "But if you come back three months after the stent is put in, and we find blockage in the stent and treat it, there is now a 60 to 70 percent chance that the artery will re-narrow again. Treat it again, and the risk becomes 70 to 80 percent."

A breakthrough in treatment

To combat the problem, researchers developed Beta-Cath, a hydraulic pressure system that delivers tiny radioactive seeds to the stented artery for several minutes after an angioplasty. The radiation—a lower level than you would get from a chest X-ray—keeps scar tissue cells from reproducing without affecting the surrounding tissue or organs.

As the first medical center in Chicago to build a cardiac catheterization lab—where angioplasties are performed—Rush offered an ideal setting to test the system.

Using Beta-Cath, Rush has already helped hundreds of people, including Elizabeth Battistoni. Since having her first bypass in 1989, Battistoni had undergone another bypass and 16 angioplasties, and five stents had been inserted within her artery because of persistent re-narrowing. Unfortunately, the more times the artery was treated, the faster it re-narrowed.

For a decade she lived in unrelenting pain, unable to work or exercise. "It was horrible, like a knife cutting me in the chest all the time," she says. "I was alive, but my life was over."

By the time Battistoni came to Rush, the Beta-Cath trials had ended. But because of the positive results, Schaer and co-principal investigator, Rush cardiologist Jeffrey Snell, MD, received permission to treat Battistoni on a "compassionate-use" basis while they awaited FDA approval.

"Beta-Cath has been a real breakthrough," says Snell. "Many drugs and devices have been tested to try to prevent scar tissue formation inside the stents, but none of them worked. It's exciting to finally find a treatment that is so effective."

Since being treated, Battistoni has been free of pain, and the artery that was so prone to scarring has not re-narrowed. "I feel like I'm 25 again," she says. "I can do everything. In fact, people are always telling me I do too much, but that doesn't bother me."

Rush has had even greater success with Beta-Cath in compassionate-use cases than in the trials, with only 17 percent experiencing further restenosis. "That's particularly impressive because these are patients who were prone to restenosis," Snell says. "What these results—and the results from the trials—tell us is that this should be the treatment of choice for anybody who has in-stent restenosis, because it's clearly superior to anything else we can do."

Cardiologists Gary L. Schaer, MD (right), and Jeffrey Snell, MD, were co-principal investigators for Rush's successful Beta-Cath trials.

13 million
—the number of people
in the United States who
have been diagnosed
with coronary artery
disease. It is the leading
cause of death in
this country.

Stopping Parkinson's in Its Tracks

Jeffrey H. Kordower, PhD, recently published results of a groundbreaking study on Parkinson's disease. In a recent interview, he shared his views on the current state of research on this debilitating disease.

Uncontrollable trembling, a loss of balance, stiffness in the arms and legs. These are all symptoms of Parkinson's disease—a progressive, chronic neurological condition that causes cells in the brain to degenerate and reduce production of an important neurotransmitter called dopamine. When the level of dopamine decreases significantly, messages from the brain get interrupted or delayed, resulting in the debilitating effects of Parkinson's.

Today approximately 1 million Americans are affected by Parkinson's disease. Although drugs and surgical treatments are available to help limit the severity of symptoms, there is no cure for this disease nor is there a clear understanding of its cause. But in a recent issue of Science *magazine, Rush researchers, in collaboration with colleagues in Lausanne, Switzerland, reported promising findings in animal studies. By injecting a virus to deliver a gene product called GDNF, a nutrient that strengthens and protects brain cells, researchers found that they could reverse the cellular changes caused by Parkinson's and prevent the disease's progression. In a recent interview, Jeffrey H. Kordower, PhD, principal author of the study as well as director of the Research Center for Brain Repair and professor of neurological sciences at Rush, discussed recent advances in Parkinson's and their implications.*

Where are we today in Parkinson's treatment and research as compared to 10 years ago?

There have been some exciting advances in the surgical treatment of Parkinson's. For the past decade or so, Parkinson's has been primarily treated with drugs, with the exception being a surgical procedure called a thalamotomy in which part of the brain is removed. This is what Michael J. Fox underwent—it's primarily for people with tremors. But now, there are a number of new surgical therapies that are being used as treatment or are in the experimental phases. What really seems promising is a procedure called "deep brain stimulation." In this technique, electrodes are placed in certain regions of the brain to shut down overactivity due to Parkinson's. Often there are profound benefits with this treatment. At Rush, we recently welcomed an expert in this area, neurosurgeon Roy Bakay, MD, PhD, who will be performing this procedure here. This is very exciting.

What is different about your approach to the disease?

Our lab is mainly involved with studying gene therapy for treating Parkinson's; we're addressing the underlying disease process. We're trying to stop the disease from progressing, and we've had great success in doing that in animal models. With something like deep brain stimulation, symptoms lessen, but it's unlikely that we're stopping the progression of the disease, or at least that's not known right now. With our GDNF delivery approach, we're attempting to stop the disease process in its tracks.

What clues do your findings give us about treating other neurological problems?

It shows you that if you want to treat a neurological problem with a trophic, or nutrient factor, such as GDNF that this viral delivery system is an excellent way to go about it. It's very nontoxic and you get positive long-term results. There are other ways to go about delivering trophic factors, but I don't think they work as well. For example, you could pump it in. In this procedure, a pump is put underneath the skin and the catheter is tunneled up to the brain. The device literally pumps trophic factors to the brain. The disadvantages with that, though, are the risks of infection, the discomfort level and the chances of mechanical breakdown. Since we use an injection, which is given with local anesthesia, these types of problems don't occur.

What's the next step for you and your colleagues?

Before we can even think about using this in humans, we want to really make sure it is safe. To ensure that, we've modified the virus, so that if something does go wrong, we'll be able to turn off the gene and make the bad effects go away if any should occur. We'll test this first in animal subjects. If that goes well, we'll go before the FDA. We hope to be in clinical trials in a few years.

What kind of impact will it have on health care if this treatment is found to be safe and effective in humans?

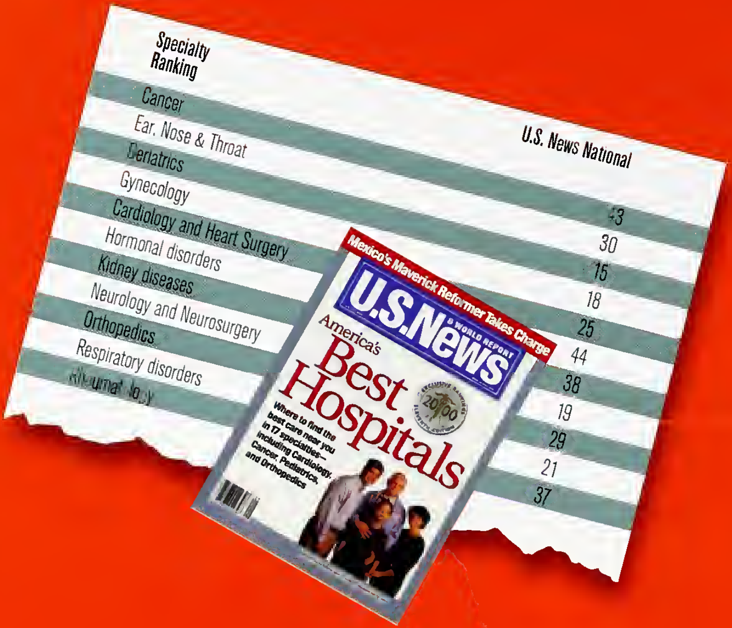
The success of a clinical trial could have really far-reaching implications. Other diseases that might benefit from this kind of treatment include amyotrophic lateral sclerosis (ALS) or Lou Gehrig's disease, Huntington's disease and Alzheimer's disease. Some of the neurons in the brain that are particularly vulnerable in these diseases are responsive to the nourishing effects of trophic factors. In addition, there are other ways to use this particular delivery system. We know that some diseases are caused by cells that die, so by using this delivery system, we could inject genes to stop cell death. Even cancer treatment could benefit, but instead of delivering genes to nourish cells, the delivery system would send out killer genes to destroy cancer cells.

Do you think the controversy surrounding using gene therapy in clinical trials will stall progress?

Gene therapy can't be stopped; it is the future. Yes, there were problems. And yes, there will be greater scrutiny from the FDA than there would have been if those problems had not occurred. But I think gene therapy is such a powerful approach that, if you can do it responsibly and safely, there's no reason that it shouldn't be pursued.

Rush in the News

During the past year, Rush physicians and researchers were called upon hundreds of times, by both local and national media outlets, to share their expertise on everything from rare sleep disorders to the latest treatments for heart disease. Rush experts appeared on such high-profile television programs as *NBC Nightly News, 20/20, Larry King Live* and *Good Morning America*, and their work was featured in such widely read publications as the *Wall Street Journal, Newsweek, USA Today, People* and *Better Homes & Gardens.* We also received high marks from *U.S. News & World Report* and *Chicago* magazine, which rated many of our programs and doctors among the nation's and Chicago's best. The highlights below—and on page 20—represent a sampling of the many ways Rush made headlines in 2000.



Specialty Ranking	U.S. News National
Cancer	43
Ear, Nose & Throat	30
Geriatrics	15
Gynecology	18
Cardiology and Heart Surgery	25
Hormonal disorders	44
Kidney diseases	38
Neurology and Neurosurgery	19
Orthopedics	29
Respiratory disorders	21
Rheumatology	37

Mexico's Maverick Reformer Takes Charge
U.S.News & World Report
America's Best Hospitals
2000
Where to find the best care near you in 17 specialties—including Cardiology, Cancer, Pediatrics, and Orthopedics

Rush programs ranked among America's best by *U.S. News & World Report*

Each year, *U.S. News & World Report* polls doctors across the country to compile its list of America's Best Hospitals. In the July 17 issue, Rush ranked number 1 in cardiology and heart surgery in the Chicago area and appeared on 11 of 17 top-50 lists for various specialties nationally, including geriatrics, gynecology, neurology and neurosurgery.

U.S. News and World Report

24 Wednesday, March 8, 2000 METRO Chicago Sun-Times

High-tech house call for your heart

By Jim Ritter

February 22, 2000 THE PROVIDENCE JOURNAL

Internet may allow doctors to remotely monitor patients

WASHINGTON (AP) — Congestive heart failure can be really scary — one day you're fine, the next you're

cordings to a doctor's secure Web site via a telephone line.

Consider it an Internet "house call." This doctor-to-home connec-

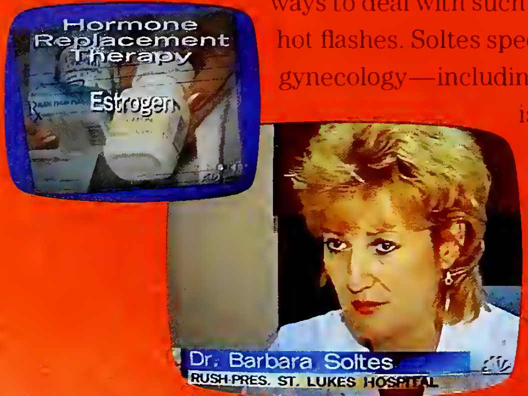
Innovative heart device tested at Rush makes national news

Rush was one of 10 sites in the United States to test a new way of monitoring patients' heart conditions by using the Internet. Maria Rosa Costanzo, MD, a Rush cardiologist involved in the study, was featured in several news stories around the United States about how a special device implanted in the chest can be used to communicate with doctors through their computers.

Chicago Sun-Times
The Providence Journal

Rush gynecologist offers opinion on ways to combat hot flashes during menopause

Better Homes & Gardens interviewed Barbara Soltes, MD, director of the Women's Health Research Center at Rush, about the ups and downs of menopause and ways to deal with such problems as hot flashes. Soltes specializes in general gynecology—including menopausal issues and treatments—and infertility.



NBC News

Rush surgeon uses lasers to destroy small breast cancer tumors

The *Chicago Sun-Times*, Healthsurfing.com, Medstar Communications, Reuters Health, Associated Press International, *Mode* magazine, the *Philadelphia Inquirer* and all five major Chicago-area news stations interviewed Rush surgeon Kambiz Dowlat, MD, about a revolutionary method for treating breast cancer that is being tested at Rush. This promising treatment, called interstitial laser therapy, uses laser energy delivered through a needle to destroy breast cancer tumors that are 1 cm in diameter—roughly the size of a dime—or smaller.

METRO

New Rush laser zaps breast cancer in 1 hour

The procedure, which still may be accompanied by radiation, turns tumors into dead tissue.

New breast cancer treatment gaining notice

● Laser surgery seen as safer, less invasive than traditional methods.

"The patients treated with laser therapy experience much less pain and a shorter recovery time than if treated by traditional surgical methods."

Chicago Sun-Times
The Illinois Times

CBS News
WGN News

RUSH 2000

Rush-Presbyterian-St. Luke's Medical Center

Working wonders: The year in review

Working Wonders:
Ying Tam, PhD, a researcher at Rush's Thomas Hazen Thorne Bone Marrow Transplant Center, has helped develop a tumor vaccine now being used following stem cell transplantation in patients with multiple myeloma, low-grade lymphomas and kidney cancer. Tam has also been involved with the creation and production of a man-made natural killer cell called NK-92, which is now being evaluated in treating patients with malignant melanoma and kidney cancer.

January 2000

Shortly after noon on January 1, Dabian Stewart takes his first breath as his mother, Angelina Rasper, and Rush staff welcome the infant to the world. Dabian is the first child born at Rush in year 2000. And contrary to some predictions, Rush and medical centers all over the world make a smooth and seamless transition to Y2K.

February

Cynthia Boyd, MD, assistant dean for minority affairs at Rush Medical College, discusses Rush's efforts to increase minority representation in medical school on WMAQ-AM radio. Boyd highlights Rush's Minority Medical Education Program, an intensive science enrichment and medical school preparatory program for promising minority students interested in pursuing careers in medicine. The program is sponsored by the Robert Wood Johnson Foundation.

March

Rush researcher Deborah Gross, DNSc, RN, announces findings of a study evaluating the impact of parental training courses on parents of children in Chicago day care centers that serve low-income families. In the 12-week program, Gross and her colleagues covered such topics as encouraging positive behavior, setting limits and managing misbehavior. The course significantly helped reduce the number of behavioral problems among toddlers.

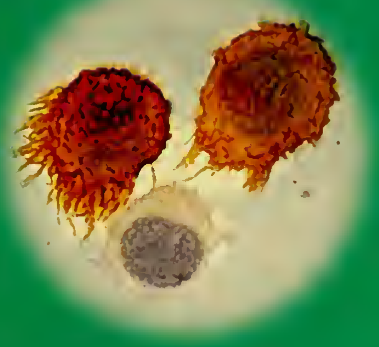
April

The National Institute of Mental Health launches a nationwide study to investigate how depression is passed from generation to generation. Rush, the only Chicago medical center to participate, begins enrolling pairs of brothers and sisters who suffer from the disease. Researchers are looking for genetic sequences associated with the disabling illness, which affects millions of Americans each year.

These pages offer a glimpse of what made the year 2000 at Rush special.

Every hour of every day, year after year, the people of Rush work wonders both great and small—from breaking new ground in the treatment of Parkinson's disease to shepherding a newborn through his first moments of life. Some, like researcher Ying Tam, PhD, rarely see patients, but the work they do lays the foundation for improved patient care and new ways of approaching disease. Then there are those like Terri Cohn and her late husband, Robert, who—although they never peered through a high-powered microscope—did more than appreciate the potential of research to build a better future. They helped realize it by sharing their good fortune to help transform a set of blueprints into a concrete-and-steel reality at 1735 W. Harrison—the Robert H. and Terri Cohn Research Building. The laboratory where researchers deconstruct the components of a protein; the classroom where medical students discuss the ethical issues they will confront as physicians; the entrance where a valet greets patients and their families by first name. These contrasting backdrops set the stage for what happens at Rush every day, and these are the people who make it happen. Different places, different faces, but they're all bound together by one common purpose: to help people live longer and healthier lives. And that's no small wonder.

At Rush's Thomas Hazen Thorne Bone Marrow Transplant Center, researchers are exploring ways to strengthen the body's natural defense system to fight cancer. This includes enhancing the ability of dendritic cells (at right) to mobilize an army of lymphocytes to attack the invader.



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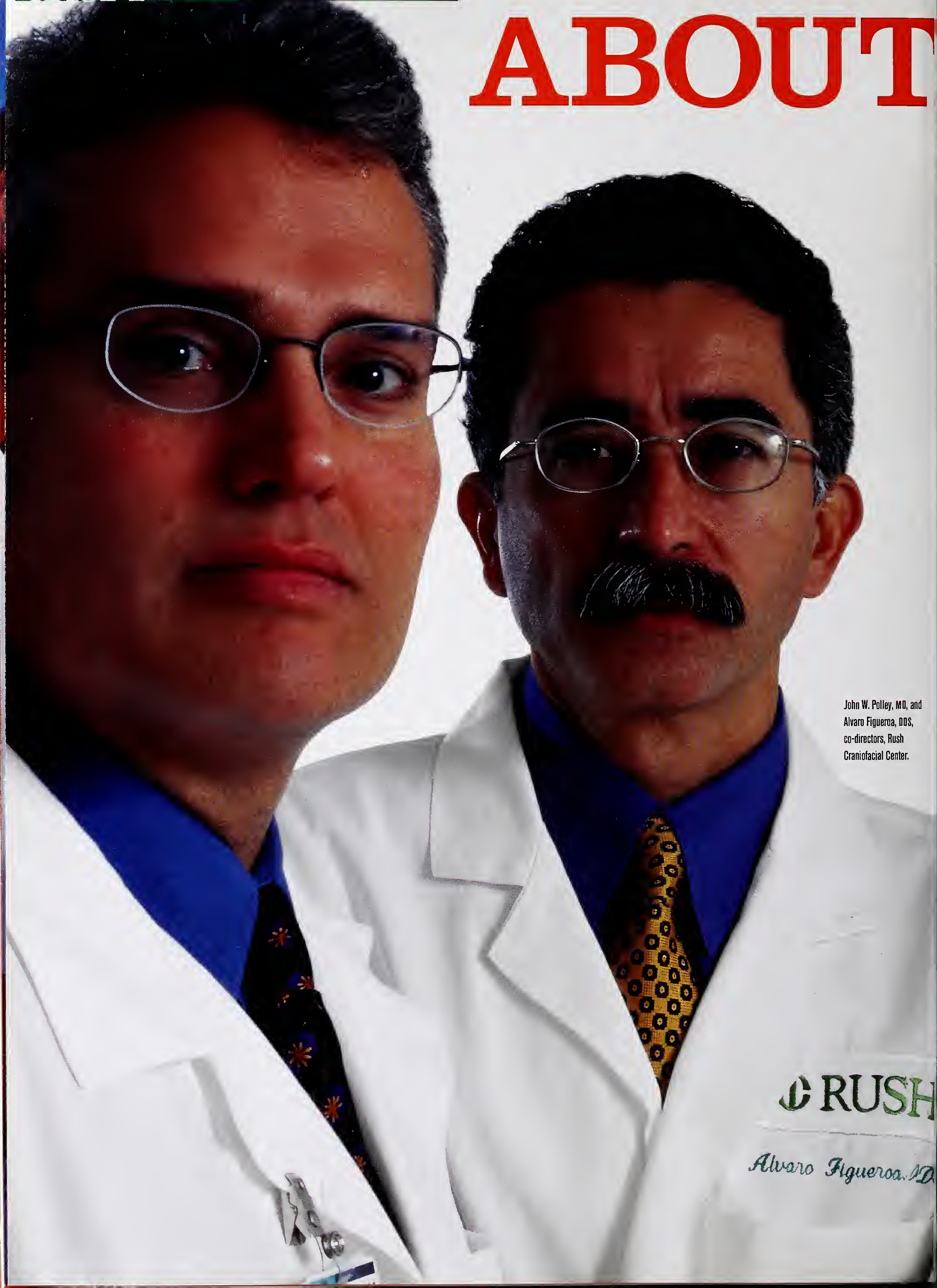
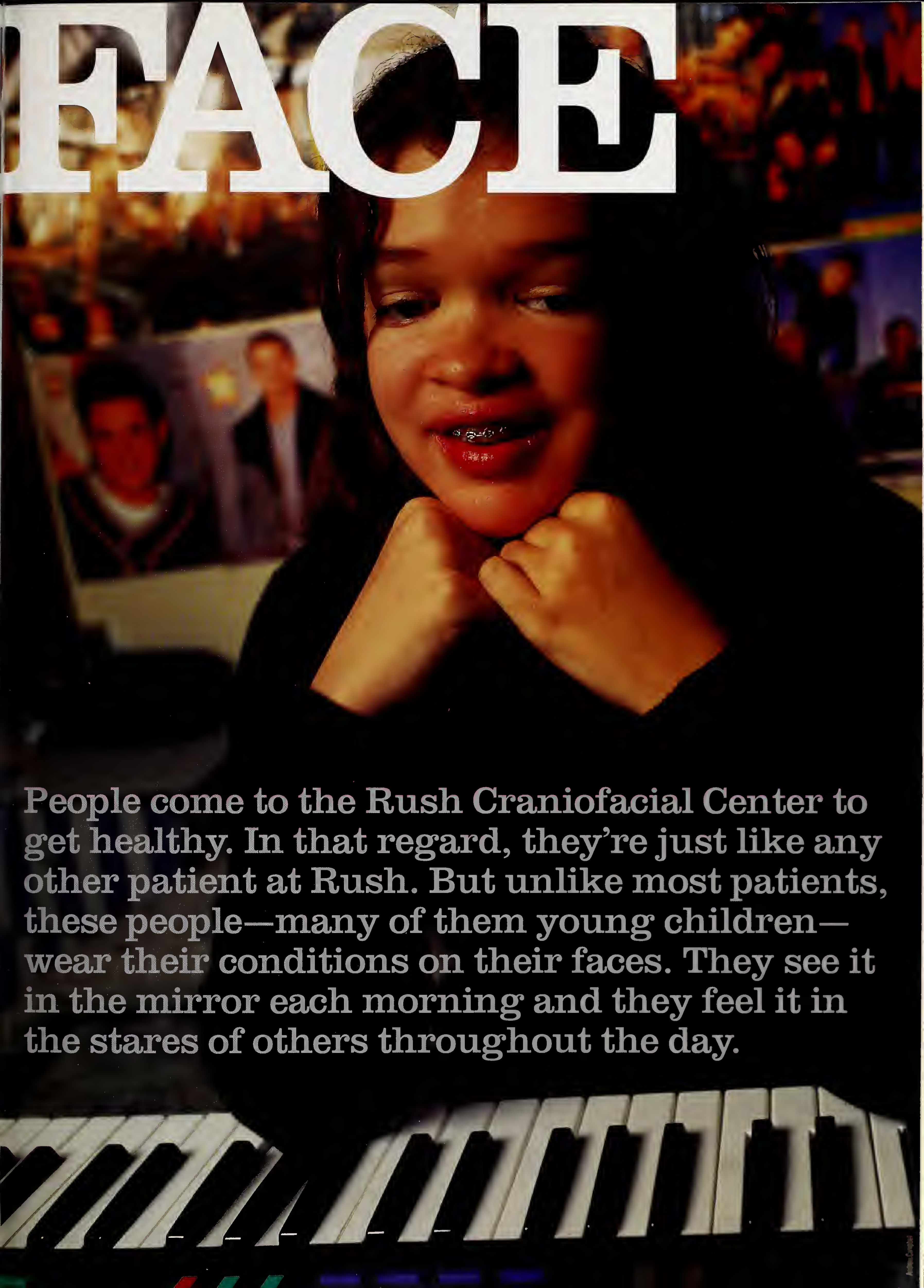


John W. Polley, MD, and Alvaro Figueroa, DDS, co-directors, Rush Craniofacial Center.



FACE

People come to the Rush Craniofacial Center to get healthy. In that regard, they're just like any other patient at Rush. But unlike most patients, these people—many of them young children—wear their conditions on their faces. They see it in the mirror each morning and they feel it in the stares of others throughout the day.

For patients with craniofacial deformities, much of the healing occurs where body and mind intersect. The injuries they have suffered, or the anomalies they were born with, can affect everything from their sight and hearing to their ability to speak, chew, and breathe easily. Consequently, a multidisciplinary approach to care is the norm.

A team approach

What sets the Rush Craniofacial Center apart is how closely its team, handpicked by co-directors John W. Polley, MD, and Alvaro Figueroa, DDS, MS, works together.

"Very few places have the kind of close coordination that we have," says Polley, the John W. Curtin, MD, Professor of Plastic and Reconstructive Surgery at Rush. "That's what allows us to get the results that we get."

After initial consultations with Polley and Figueroa, many patients return on a "Team Day." On that day, they go from room to room and are seen, in turn, by a neurosurgeon, a speech pathologist, a social worker and several other specialists.

"It's a long day," says Figueroa—one that typically stretches well into the evening. After the last patient has left, the staff assembles in the center's conference room to discuss the cases one by one and step by step. "We make our recommendations as a team," Figueroa says. "It's not just one surgeon's opinion or the orthodontist's or anesthesiologist's opinion. Everybody has their say."

Nonetheless, it all starts with Polley and Figueroa, who have been working together for more than a decade.

"We talk about patients every single day, we think about patients every single day. We see the patients together every single day," says Polley. "Our relationship is the nucleus. It's a nice marriage of the art of dentistry and the art of craniofacial surgery. When we've put the two together we've come up with some pretty unique concepts."

50 percent—
the chance that someone born with a craniofacial anomaly will pass it on to his or her child.

A bold new treatment

One of those concepts is a new treatment for the full range of anomalies that affect the middle of the face, including the ears, the eyes, the lip and the palate.

Representative of many of these conditions is Crouzon syndrome, a congenital disorder in which the bones of the face and skull fuse too soon, causing a shortage of facial bone. The result is a face sunken in appearance and eyes that protrude. For decades, Crouzon syndrome and other anomalies were treated with multiple surgeries in which bone taken from the hip or ribs is used to reshape the face. By adapting the bone-lengthening techniques of orthopedic surgery for use on the face, Polley and Figueroa have been able to reduce the need for these repeated and painful procedures.

Following a surgery in which Polley makes cuts in the facial bones that need lengthening, a specially designed cranial halo—not unlike the device surgeons use to stabilize the head and neck after spinal surgery—is connected to the skull and teeth by screws and wires. Tiny daily adjustments made to the screws over the course of several weeks pull the face and jaw forward a fraction of an inch at a time.

"The body reacts as it would with any fracture—it begins to heal the cuts by laying down new bone," explains Polley. "So as the device gradually pulls the face forward, the surgical cuts fill in with new bone and the facial bones are steadily elongated. This greatly improves facial symmetry and appearance. It also widens the bones forming the nasal passage and jaw, correcting breathing and the bite."

Lifelong relationships

This process, known as Rigid External Distraction, is now a standard treatment around the world. It is typically the culmination of a lifelong relationship with the patient, which begins in infancy and continues into early adulthood and can include anywhere from one to four facial surgeries.

Such long-lasting relationships have given Polley and Figueroa a unique perspective on the patient experience, and this has helped them to shape the Rush Craniofacial Center.

"Our initial goal when we started planning and organizing the center was to make it friendly for the patient," Figueroa says. "We think that's important. After all, we watch these children grow up."

Polley, seated, and Figueroa discuss next steps with Matthew Connolly, (above and center) injured in a car accident, as James Schroeder, MD, looks on.

"We see the patients together every single day," says Polley, examining young patient Irma Diaz with Figueroa.

WORKING WONDERS AT RUSH: Born with Crouzon Syndrome, Danielle Smith underwent her first operation when she was six years old. In 1999, at age 14, she entered the final phase of her treatment, Rigid External Distraction, a technique pioneered by Polley and Figueroa. The change in Danielle, says her mother, Karen, has been both physical and emotional: "She looks beautiful and more confident because of it."

Danielle Smith was diagnosed with Crouzon syndrome, in which the bones of the face and skull fuse too soon, creating a shortage of facial bone—and causing severe skull and facial deformities—at age 3.

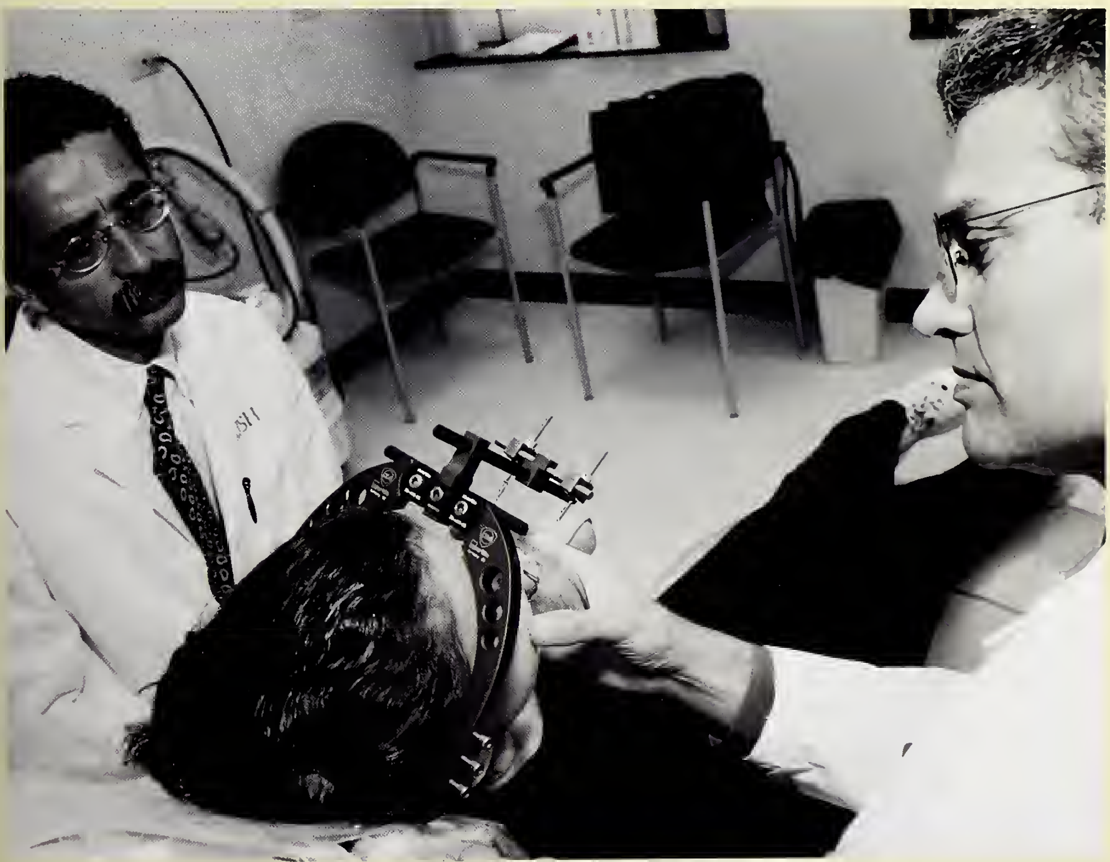
A few decades ago, a child such as Danielle faced a lifetime of facial deformity and physical ailments. But today, thanks to the pioneering work of John Polley, MD, and Alvaro Figueroa, DDS, MS, co-directors of the Rush Craniofacial Center, Danielle is a normal teenager with little evidence of her original condition. She underwent her first operation in 1992 at age 6. In a 16-hour procedure, Polley used pins, wires and grafted bone to carefully extend and reshape the bones around Danielle's eyes, nose and mouth.

In the years that followed, Danielle saw Polley and Figueroa regularly for check-ups and treatment to correct various physical problems. Then, in the summer of 1999, she completed the final phase of her care, undergoing Rigid Eternal Distraction, the bone-lengthening treatment Polley and Figueroa pioneered.

Just two weeks into the procedure, Danielle's mother, Karen, could already see a dramatic improvement in Danielle's breathing and appearance. After six weeks, the change was not just physical, but emotional as well. "She looked beautiful and more confident because of it," Karen Smith says. Polley, Figueroa and her other Rush caregivers are thrilled to see Danielle thriving.

"We've seen her change from a shy little girl into an independent teenager," says Figueroa. "It's great to see her talking and smiling. That's what this work is all about."

Photos by Andrew Campbell



70,000—the number of Americans born in the last decade with craniofacial anomalies severe enough to require surgery.

The day begins early—and ends late for Shameem Abbasy.

“One of the main reasons I chose Rush over another medical school was the opportunity to work at County.”

The third-year Rush medical student arrives at Cook County Hospital, where she is in the third week of a four-week block of her internal medicine rotation, at 6:30 a.m. She quickly changes into her white coat and heads to the wards.

For the next several hours, she will go on rounds with her team. For students who rotate at County, the team is the thread that connects all aspects of their experience. Team members see patients together, are on call together, learn together. Shameem’s team includes an attending physician, two residents, two interns and fellow student Eric Kallwitz. The senior residents act as mentors for the students.

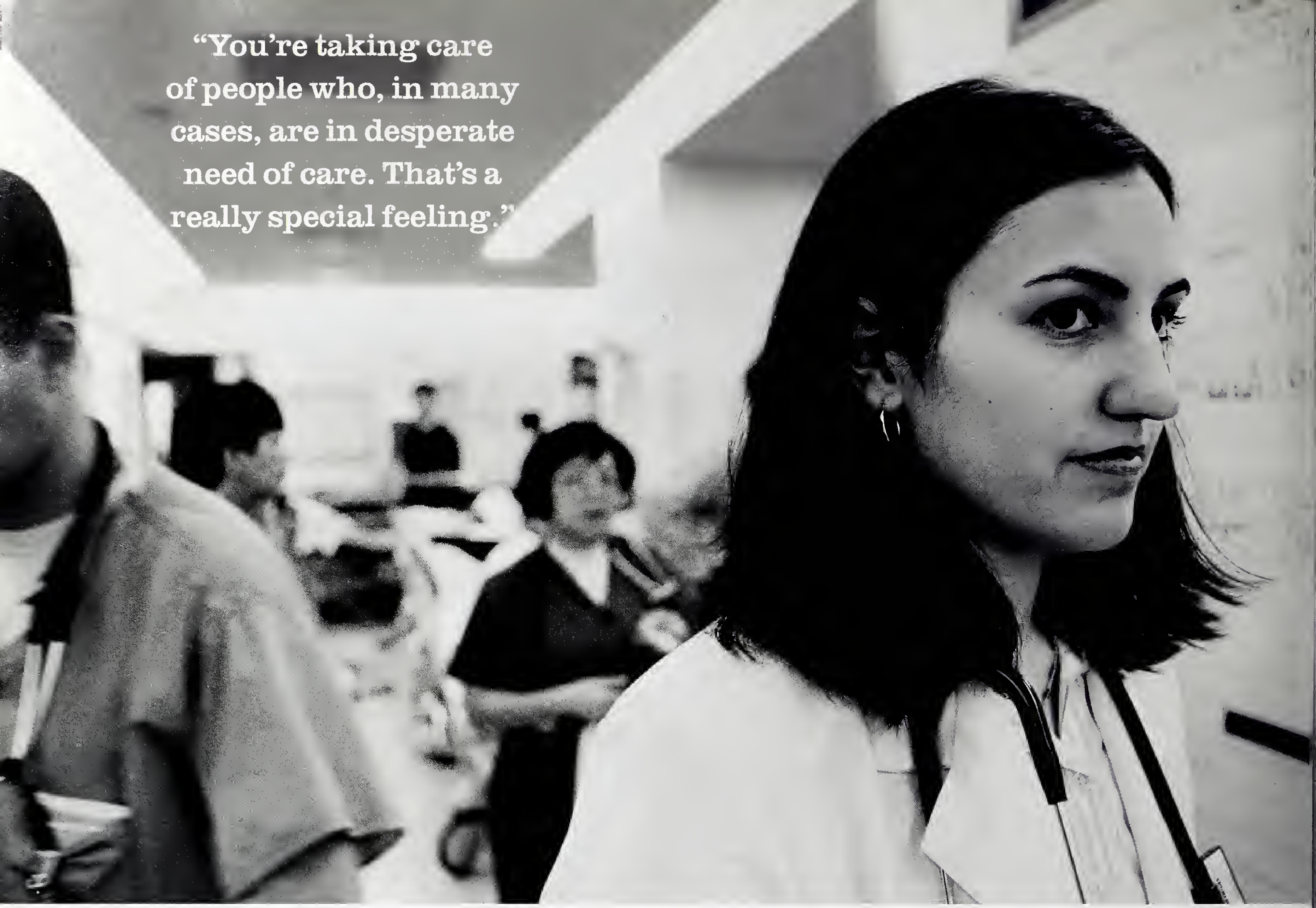
“Being on a team, there’s always somebody to answer your questions,” Shameem says. “Because the attending and residents have already been through what we students are going through now, they are able to offer a lot of guidance.”

One of the first stops on today’s rounds is a patient of Shameem’s—a man visiting Chicago from Belize who ended up in County’s emergency room after fainting several times and experiencing heart palpitations.

“How are you feeling today, Mr. Silva?” she asks, as she begins checking his vital signs. After the physical exam, she and attending Enrique Martinez, MD, discuss the diagnosis and planned course of treatment. Shameem makes careful notes on the patient’s chart. Later, she will order tests for Silva and fill out the necessary paperwork. For now—assured that his condition is stable—she tells him she’ll be back to check on him later, and rejoins her team in the hallway; they have more patients to see.

Lunch—a Kit-Kat bar from the vending machine—is eaten quickly, en route from the radiology department to a lecture a few blocks away. This is the first food she’s had all day, but she’s used to missing meals and eating on the fly. “Some days, you get so busy with things and are so totally focused on the task at hand that you just forget to eat,” she says, as she walks briskly through the snow.

Today is one of those days. The lecture will actually be a welcome reprieve, a chance to get off her feet awhile. “It’s those moments when you’re finally able to sit down that you realize how exhausted you are,” she says.



"You're taking care of people who, in many cases, are in desperate need of care. That's a really special feeling."

Students are on call every four days. On call days, Shameem arrives in the emergency room at 3 p.m. Around the time most people are winding down, she is getting her second wind for the grueling, seven-hour stretch ahead.

County's ER serves approximately 165,000 people each year, and it seems as if nearly that many are here today. But this isn't Shameem's first call, and by now she's worked in the ER enough that she isn't thrown by the activity swirling around her. It's as if she's surrounded by a protective bubble of sanity.

In the ER, textbook learning comes alive. Not only does Shameem take medical histories and conduct physical exams, she is asked to go a step further—to formulate diagnoses and treatment plans for her patients. During rounds, she presents this information to her team, and they evaluate her conclusions.

"They tell you if you've forgotten to ask pertinent questions and point things out that you may not have considered or noticed in the patient's history and physical exam," Shameem says. "At first, it's scary having so much responsibility. But you can actually see yourself learning, day by day."

Signing out of the ER just after 10 p.m., Shameem is visibly weary—yet invigorated—from the long day. She gathers her things, tucking the new patients' histories and physicals into her bag, and begins the four-block walk home. Not that she'll be going to sleep any time soon. She has to get ready to present her new cases during rounds tomorrow morning, and she has research to do, notes to write, books to crack.

All in a day's work.

"You can actually see yourself learning, day by day."

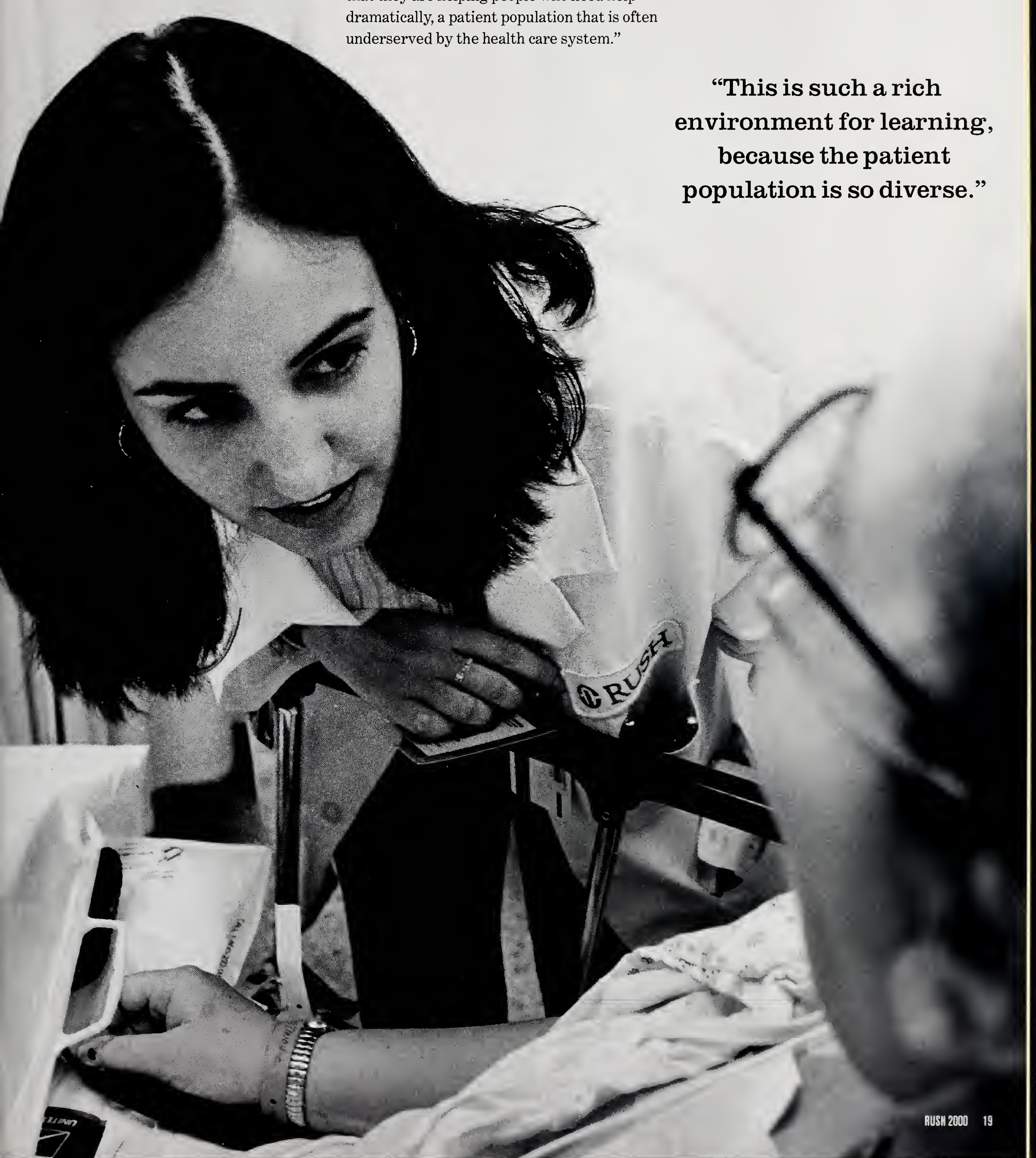
Rush and Cook County Hospital have always been good neighbors, but the formal partnership between the two institutions wasn't formed until 1994. The partnership has grown dramatically in the years since. For in addition to ever-expanding clinical arrangements and joint research efforts, there is now a thriving exchange program for medical students and interns.

Cook County Hospital is one of the most popular sites for Rush students to do their core rotations in family medicine, internal medicine, neurology, obstetrics/gynecology, pediatrics, psychiatry and surgery. Few available slots go unfilled.

"At any given time, between 25 and 50 percent of our students are rotating through County," says Larry J. Goodman, MD, the Henry P. Russe, MD, Dean of Rush Medical College. "I think what they like so much is that they are helping people who need help dramatically, a patient population that is often underserved by the health care system."

Shameem echoes that sentiment, which is why, in addition to internal medicine, she is doing her surgery, pediatrics and neurology rotations at County. "One of the main reasons I chose Rush over another medical school is the opportunity to work at County," she says. "It's such a rich environment for learning, because the patient population is so diverse. Plus, you're taking care of people who, in many cases, are in desperate need of care. That's a really special feeling."

"This is such a rich environment for learning, because the patient population is so diverse."



Rush in the News, Part 2

Rush sleep expert offers insight into high-profile murder

Rosalind Cartwright, PhD, director of the Sleep Disorders Service and Research Center at Rush, appeared on *Good Morning America*, *20/20*, and *Larry King Live* to discuss Kleine-Levin Syndrome—a rare disorder characterized by the need for excessive amounts of sleep—and the Scott Falater murder trial, in which the defendant claimed to have been sleepwalking when he killed his wife. Cartwright was called by the defense as an expert witness at the trial. Falater ultimately was found guilty and sentenced to life in prison without chance of parole.

ABC 20/20

Rush one of 15 medical centers in country to evaluate depression treatment device

Psychiatrist John Zajecka, MD, was featured in a major *Chicago Tribune* article on new treatment methods for people with depression. Under Zajecka's direction, Rush is one of only 15 U.S. medical centers testing the vagus nerve stimulator—normally used to control epileptic seizures—in people with severe, chronic depression who have not been helped by other treatments.

MetroChicago

Hope for depression patients

2 experimental therapies show promise in sev

Depression

Chicago Tribune

Researcher at Rush discusses Alzheimer's prevention

NBC Nightly News interviewed David Bennett, MD, director of the Rush Alzheimer's Disease Center and a leading researcher in Alzheimer's disease, about how an active lifestyle can help prevent cognitive decline.

NBC News

Rush scientists publish groundbreaking research in Parkinson's disease

Rush received a flood of local and national media attention following release of the October issue of the journal *Science*, which featured an article by neuroscientist Jeffrey Kordower, PhD, and colleagues on their groundbreaking research on Parkinson's disease. In addition to the *Chicago Tribune*, scores of daily newspapers across the country picked up the story. Other coverage included NBC Nightly News, *Business Week*, Cable News Network and the Associated Press.

Gene therapy helps monkeys with Parkinson's

Treatment for Parkinson's disease?

Science

27 October 2000

El Paso Times
Science Magazine

Sixty Rush physicians named area's best in *Chicago* magazine

In December, *Chicago* magazine released its list of Chicago's "Top Doctors," which included 60 Rush physicians. The list was based on a survey of 12,000 Chicago-area doctors, nurses and hospital administrators that asked recipients to whom they would send an ailing family member. Rush doctors led the pack in internal medicine, orthopedic surgery, plastic and reconstructive surgery and psychiatry, and the magazine featured a profile of Howard Strassner, MD, acting chairman of Rush's department of obstetrics and gynecology and a specialist in high-risk pregnancy. For a list of all the Rush physicians who made *Chicago* magazine's Top Doctors list, see www.rush.edu/annual.

Chicago Magazine

Vital Statistics

Rush-Presbyterian-St. Luke's Medical Center is the center of a comprehensive, cooperative health care system designed to serve patients throughout the Chicago area through its own resources and in affiliation with other health care institutions. The Medical Center includes the 824-bed Presbyterian-St. Luke's Hospital (including the Rush Children's Hospital) and the 110-bed Johnston R. Bowman Health Center for the Elderly. The Medical Center also operates Oak Park Hospital, its system partner in the western suburbs. It is home to the Rush Institutes, which bring together patient care and research to address major health problems. The Institutes offer the latest treatments for arthritis and orthopedic problems, cancer, heart disease, mental illness, diseases associated with aging and neurological problems. Rush is also a thriving center for basic and clinical research, with physicians and scientists involved in more than 1,500 investigations.

Integral to the Medical Center is Rush University, which comprises Rush Medical College, the College of Nursing, the College of Health Sciences, the Graduate College, and a cooperative educational network of 12 liberal arts colleges and universities in the Midwest.

In addition to its missions in patient care, education and research, Rush maintains a strong commitment to the community. Rush reaches out to the Chicago community through such offerings as the Rush Community Services Initiatives Program, an umbrella for several student-led outreach programs designed to address the social and health care needs of residents in neighboring communities. The Medical Center's community service efforts also include the Science and Math Excellence (SAME) Network, a public-private partnership to improve the science and math skills of inner-city children through sponsorship of after-school science clubs, the construction of modern science labs in public elementary schools and other programs. The program now serves 46 elementary schools.

Rush in Brief

Medical Staff	1,024
Professional Nursing Staff	900
Residents and Fellows	620
Employees	8,896
Licensed beds	
Presbyterian-St. Luke's Hospital	934
Oak Park Hospital	296
Births	
Presbyterian-St. Luke's Hospital	2,230
Oak Park Hospital	N/A
Admissions	
Presbyterian-St. Luke's Hospital	27,428
Oak Park Hospital	3,910
Average length of stay in days	
Presbyterian-St. Luke's Hospital	6.2
Oak Park Hospital	7.4
Patient days	
Presbyterian-St. Luke's Hospital	170,297
Oak Park Hospital	29,019
Operations performed	
Presbyterian-St. Luke's Hospital	18,187
Oak Park Hospital	2,912
Emergency department visits	
Presbyterian-St. Luke's Hospital	39,559
Oak Park Hospital	11,916

Philanthropic and Extramural Support

Total philanthropic gifts	$21,052,557
Gifts received, by purpose	
Unrestricted	$ 2,658,166
Endowment	$ 1,112,874
Facilities	$ 926,405
Research	$10,176,200
Special programs	$ 6,178,912
Gifts received, by source	
Individuals and families	$ 14,467,117
Corporations	$ 606,317
Foundations	$ 4,466,133
Organizations	$ 1,512,990
Research Awards	$61,020,901
National Institutes of Health	$36,167,055
Other federal awards	$ 4,350,868
Research awards, private corporations and other	$20,502,978

Approvals and Accreditations

Joint Commission on Accreditation of Healthcare Organizations

Commission for Accreditation of Rehabilitation Facilities

Liaison Committee on Medical Education

Department of Registration and Education, State of Illinois

North Central Association of Colleges and Schools

National League for Nursing

Council on Accreditation of Educational Programs for Nurse Anesthesia

American Dietetic Association

Accrediting Commission on Education for Health Services Administration

Accreditation Council on Graduate Medical Education

Association for Clinical Pastoral Education

Commission on Accreditation for Allied Health Education Programs: Accreditation Committee on Perfusion Technology

National Accrediting Agency for Clinical Laboratory Sciences

Accreditation Council for Occupational Therapy Education

American Speech-Language-Hearing Association Council on Academic Accreditation

Commission on Collegiate Nursing Education

Memberships

American Hospital Association

Illinois Hospital & Health Systems Association

Metropolitan Chicago Healthcare Council

Federation of Independent Illinois Colleges and Universities

Association of American Medical Colleges

American Association of Colleges of Nursing

Association of Schools of Allied Health Professions

Association of University Programs in Health Administration

Association for Health Services Research

Voluntary Hospitals of America

Licenses

Department of Public Health, State of Illinois

City of Chicago

Rush University in Brief

Rush University's diverse student body, numbering just over 1,200, includes representatives from 40 different states and 25 international students. Through its graduate medical education program—which includes 40-plus residency and fellowship programs—Rush also provides advanced training for primary care, specialty and subspecialty physicians.

Student Body

Rush Medical College	486
College of Nursing	498
College of Health Sciences	193
The Graduate College	66
Unclassified students	39
Residents and fellows	620

Faculty and Staff

Rush Medical College	2,697
College of Nursing	243
College of Health Sciences	192
The Graduate College	105

Academic Affiliations

Beloit College

Benedictine University

Carleton College

Dominican University

Fisk University

Knox College

Lawrence University

Macalester College

Monmouth College

North Central College

Ripon College

Wheaton College

Financial Report

Rush-Presbyterian-St. Luke's Medical Center improved its financial position in the fiscal year that ended June 30, 2000. The Medical Center achieved an excess of revenues over expenses of $9.7 million, despite the operating pressures that have adversely affected academic medical centers across the country. Cash and investments increased by $68.7 million, primarily due to the sale of the Medical Center's interest in Rush Prudential Health Plans.

Hospital admissions increased by 3.5%, but reductions in payment rates from both the Medicare program and several managed care payors, together with the effects of efforts to reduce the length of time that patients stay in the hospital, resulted in patient revenues declining slightly, by 0.9%. Conversely, operating expenses increased due to higher costs of drugs and medical supplies, selected increases in compensation for patient care staff and investment in new programs. As a result, operating results declined, although the hospital's patient care activities remained profitable.

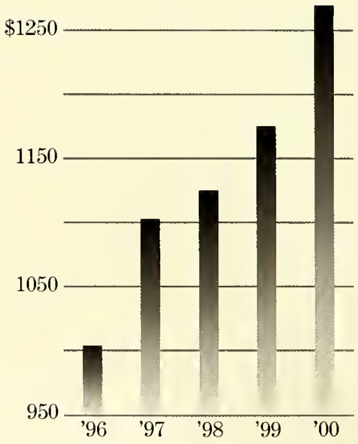
The Medical Center continued its efforts to focus on its core activities of patient care, education and research and, as a result, sold its interest in the Rush Prudential Health Plans during the year, providing capital for core activities. This sale was the principal factor for the increase in cash and investments.

The Medical Center continues to benefit from the generous support of donors and recognition by granting agencies of the quality of its academic activities. Total philanthropic gifts were $21.1 million for the year, and grants for research activities totaled $61.0 million, an increase of 19.0%.

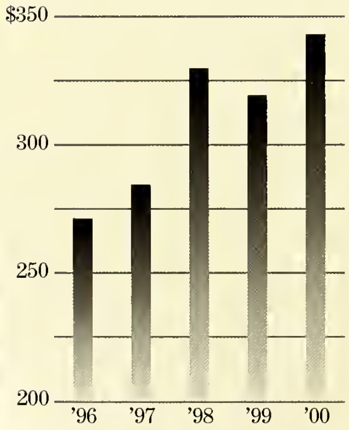
As a result, the Medical Center's assets grew by $94 million during its 2000 fiscal year, an increase of 8.5%, and net assets grew by $59 million, an increase of 9.2%. Numerous initiatives are currently under way to further improve operating performance in response to the environmental factors mentioned above, and we look forward to strengthening the Medical Center's financial position in the future.

David M.A. Jensen
Chief Financial Officer
and Treasurer

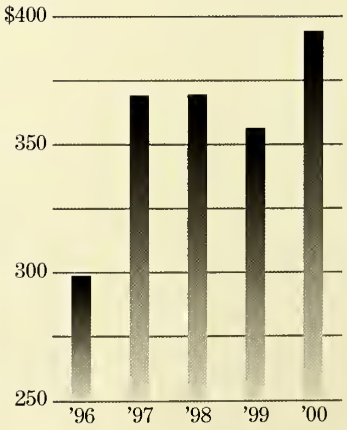
Total Assets
($ in millions)



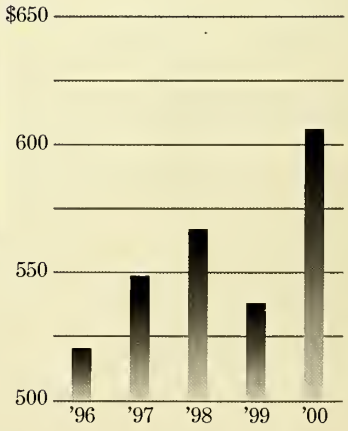
Unrestricted Net Assets
($ in millions)



Endowment and Other Restricted Net Assets
($ in millions)



Cash and Investments
($ in millions)



Balance Sheet ($ in millions)

Assets

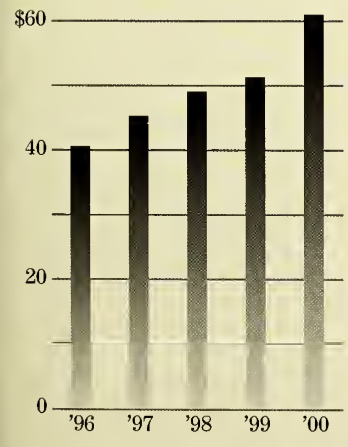
Fiscal Year Ended June 30	2000	1999
Current assets		
Cash and investments	$ 208.6	$ 179.9
Accounts receivable	168.0	159.3
Other	22.3	7.6
Total current assets	**$ 398.9**	**$ 346.8**
Property and equipment, net	$ 418.5	$ 379.4
Marketable securities, limited as to use	55.6	43.1
Donor-restricted investments for endowments and capital	343.7	316.1
Other assets	49.8	87.1
Total assets	**$1,266.5**	**$1,172.5**

Liabilities and Net Assets

Fiscal Year Ended June 30	2000	1999
Liabilities		
Current liabilities	$ 192.2	$ 165.7
Self-insurance programs	74.6	69.6
Long-term liabilities	38.7	31.6
Long-term debt	224.7	228.3
Total liabilities	**$ 530.2**	**$ 495.2**
Net assets		
Unrestricted	$ 344.4	$ 320.0
Temporarily restricted for specific purposes	245.8	212.9
Permanently restricted endowments	146.1	144.4
Total net assets	**$ 736.3**	**$ 677.3**
Total liabilities and net assets	**$1,266.5**	**$1,172.5**

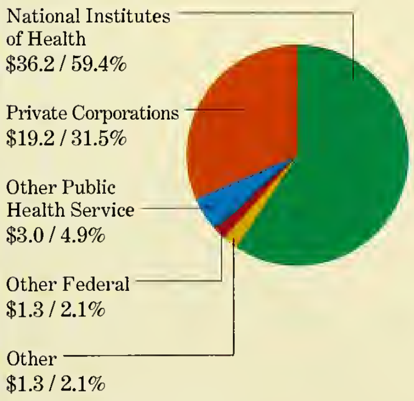
Research Awards to Rush University

($ in millions)



External Research Awards by Source

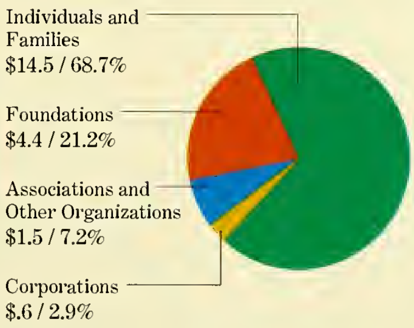
($ in millions)



Total Research Awards
$61 million

Gifts Received by Source

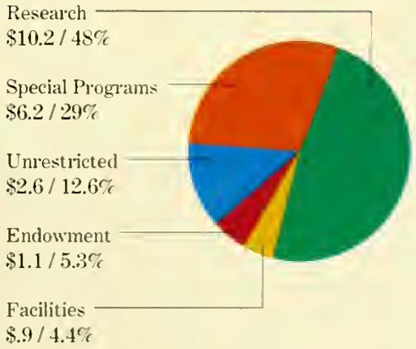
($ in millions)



Total Gifts and Pledges
$21 million

Gifts Received by Purpose

($ in millions)



Total
$21 million

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Two years ago, Rush helped pave the way for FDA approval of an anti-cancer drug called Herceptin, a monoclonal antibody designed as a strategic missile that targets certain kinds of breast cancer cells. Today, thousands of women like Susan Cramer are enjoying busy and fulfilling lives because of that drug and its ability to keep their disease in remission. Cramer is shown here with her husband, Rick, and her children Timmy, Kelly and Tommy.

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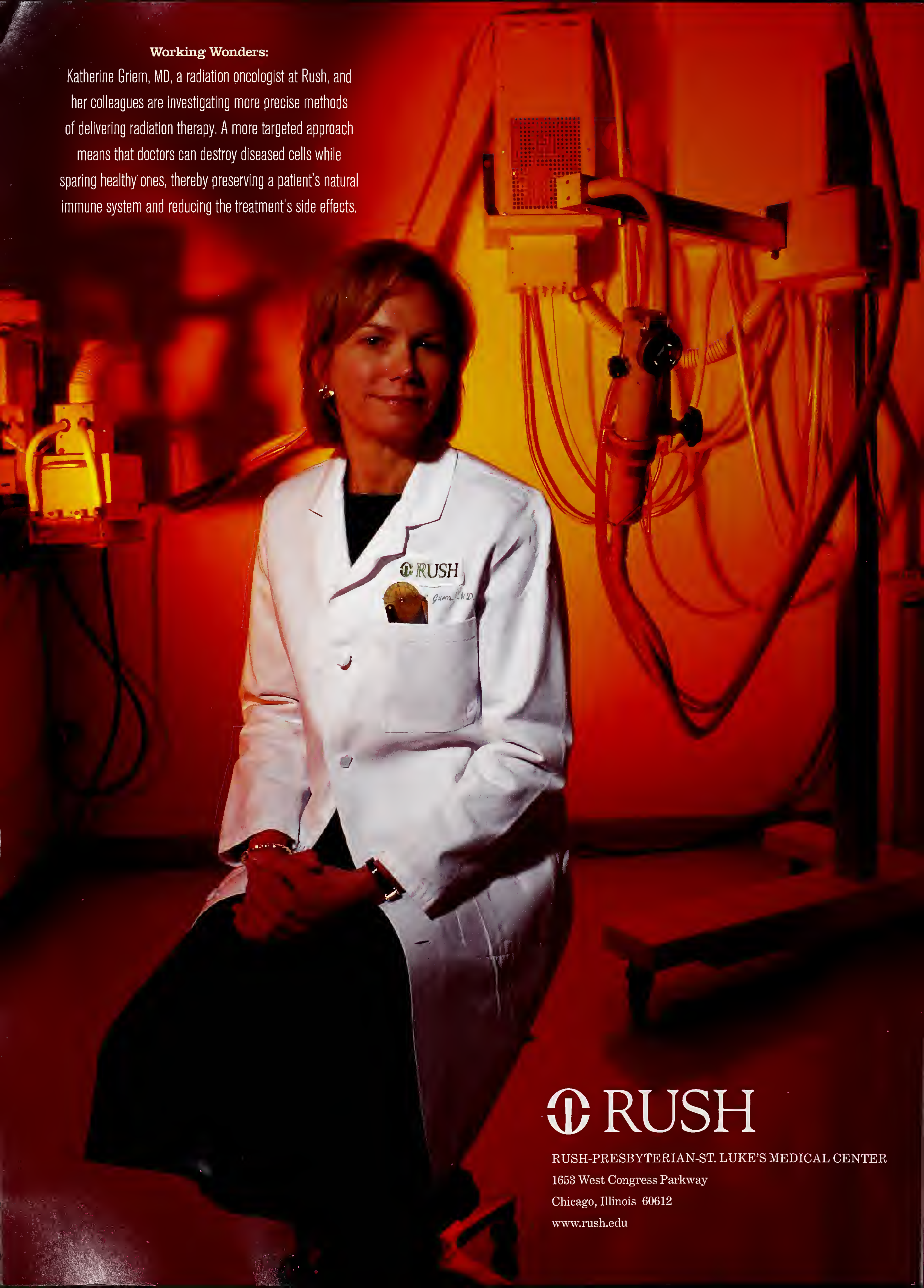

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Katherine Griem, MD, a radiation oncologist at Rush, and her colleagues are investigating more precise methods of delivering radiation therapy. A more targeted approach means that doctors can destroy diseased cells while sparing healthy ones, thereby preserving a patient's natural immune system and reducing the treatment's side effects.

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